



SPECIAL HEALTH CARE PROCEDURE

Student's Name		Date of Birth	School
Name of Procedure			
Purpose			
Trained School Personnel to perform the procedure:		Trained Transportation Personnel to perform the procedure as deemed appropriate by healthcare provider:*(see Healthcare Provider's Order and Approval of Special Health Care Procedure Form #7-760-586). Any variance needed in the procedure when transporting will be addressed under special concerns and emergency plans (see next page.)	
Equipment			
Procedure			
Special Concerns and Emergency Plans			
This procedure will be in effect for the entire school year unless notified in writing by the signing physician that changes are required.			
Signature of Healthcare Provider (M.D., D.O. or Nurse Practitioner ONLY)			Date
It is the responsibility of the parent to notify the school immediately if the student's healthcare provider changes.			